

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24542

791
1003

File No. _____
Registered No. **6677**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis **ISOLATION HOSPITAL**

2. FULL NAME

Magge Thomas
(a) Residence, No. 2317 Chestnut M Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1905</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>9</u>
		DAYS <u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME Pleas Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Cordney Tulls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT (ADDRESS) Norothy Stephens

18. CREMATION OR REMOVAL PLACE 5800 Arsenal DATE 7-20-32

19. UNDERTAKER (ADDRESS) _____

20. FILED JUL 20 1932 May C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to July 14, 1932
I last saw her alive on July 14, 1932 Death is said to have occurred on the date stated above, at 11:20 m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs
23A
25 25 (D)
Other contributory causes of importance:
Tuberculosis of Kidneys
Infections
Date of onset 1930
May 1932

Name of operation _____ Date of _____
What test confirmed diagnosis? Spinal Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) Henry H. Hatcher M. D.
(Address) ISOLATION HOSPITAL

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

